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Santa Rosa County CARES ACT Grant Application Emergency Utility Water Program

The Emergency Utility Water Program is a grant program funded by the CARES Act, section 601 of the Social Security Act, as added by section 5001 of the Coronavirus Aid, Relief, and Economic Security Act, Pub. L. No. 116-136, div. A, Title V (Mar. 27, 2020) ("CARES Act") and is being administered by Santa Rosa County as a subrecipient of the Florida Department of Emergency Management's primary award from the U.S. Department of Treasury. All applicable state and federal statutes, regulations and guidelines for this funding are applicable to the applicant. Only completed applications that include all supporting documentation will be considered.

For assistance with completing this application, please contact the Santa Rosa County Grants Management Division at 850.981.2017 or Caresact@santarosa.fl.gov or your local water and/or sewer utility office. The completed grant application and supporting documents should be submitted to your water and/or sewer utility provider for verification of outstanding balance. The provider will then submit the verified application as a pdf via email to Caresact@santarosa.fl.gov. Please insert *Santa Rosa CARES Act Emergency Water Utility Grant* in the subject line.

APPLICANT DEMOGRAPHIC DATA:

1. Water Utility Name: _____
2. Water Utility Account Number: _____
3. Water Utility Account Holder Name: _____
4. Water Utility Account Holder Social Security Number (last 4 digits): _____
5. Water Utility Account Physical Address: _____ City: _____
6. Mailing Address: _____ City: _____ State: ____ ZIP: _____
7. Applicant Contact Name: _____
8. Applicant Contact Phone Number: _____
9. Applicant Contact email address: _____

APPLICANT FUNDING REQUEST:

Under the Emergency Utility Water Program, Santa Rosa County residents who have been financially impacted by the COVID-19 public health emergency can apply for assistance to pay delinquent water and/or sewer utility account balances. Applicants must certify that their household income is less than 185% of the area median income and that the household has been affected by COVID-19 thereby directly causing their delinquent water and/or sewer utility bill. Eligible expenditures must at a minimum meet the following CARES Act requirements:

- Be necessary expenditures incurred due to the public health emergency with respect to the Coronavirus Disease 2019 (COVID-19);

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- Were not accounted for the budget most recently approved as of March 27, 2020 (the date of enactment of the CARES Act) for the State or Government; and
- Were incurred during the period that begins March 1, 2020 and ends on December 30, 2020.

For each request received, standard due diligence procedures will be followed to ensure that the request meets not only these requirements, but also any additional guidance documents issued by the United States Department of Treasury and/or the Florida Department of Emergency Management.

FUNDING REQUEST SUMMARY:

Eligible applicants must complete the following questions and attach a copy of their most current water and/or sewer utility bill showing the delinquent balance. No balances incurred prior to March 1, 2020 or after December 30, 2020 will be eligible for payment.

How was the applicant financially impacted by the COVID-19 public health emergency?

- ___ Loss of job or significant decrease in hours and salary.
- ___ Quarantine of account holder or other family member that caused a loss of household income.
- ___ A member of the household contracted COVID-19 that caused a loss of household income.
- ___ Other (Please describe) _____

APPLICANT CERTIFICATION:

I hereby certify, as a lawful resident of Santa Rosa County, that the above information is accurate and that the request for the pertinent grant payment is a necessary expenditure attributable to the COVID-19 public health emergency under the CARES Act. I understand and acknowledge that Santa Rosa County will rely on this certification and the contents of the completed application as a material representation in determining CARES Act eligibility and making grant payments to the applicant.

Applicant Name (Print): _____

Applicant Signature: _____

Date: _____

END OF APPLICATION